

Case Number:	CM14-0061327		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2012
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male who has submitted a claim for status post shoulder arthroscopy, rotator cuff debridement, biceps tenodesis, chondroplasty of glenohumeral joint, subacromial decompression and distal clavicle resection; associated with an industrial injury date of 05/02/2012. Medical records from 2013-2014 were reviewed and showed that patient complained of continuing pain in his right shoulder. He cannot reach all the way back. Patient does some home exercises for PT. Physical examination showed slightly limited ROMs for both shoulders. Treatment to date has included medications, physical therapy and surgery. Utilization review, dated 04/02/2014, denied the request for physical therapy because patient has exceeded recommended visits and period for physical medicine treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy 2 x 4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated on the CA MTUS Post-Surgical Guidelines, If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed

within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. According to the guidelines, postsurgical treatment for arthroscopic surgery is 24 visits over 14 weeks and postsurgical physical medicine treatment period is 6 months. In this case, patient has had previous physical therapy, medical records submitted for review documented the patient having completed 48 supervised physical therapy sessions to date. Furthermore, there is documentation that the patient has since improved with regards to his shoulder surgery. Therefore, the request for Additional Physical Therapy 2 x 4 for the right shoulder is not medically necessary.